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A. NORTH CAROLINA COUNTY NUMBERS

1	Alamance	35	Franklin	69	Pamlico
2	Alexander	36	Gaston	70	Pasquotank
3	Alleghany	37	Gates	71	Pender
4	Anson	38	Graham	72	Perquimans
5	Ashe	39	Granville	73	Person
6	Avery	40	Greene	74	Pitt
7	Beaufort	41	Guilford	75	Polk
8	Bertie	42	Halifax	76	Randolph
9	Bladen	43	Harnett	77	Richmond
10	Brunswick	44	Haywood	78	Robeson
11	Buncombe	45	Henderson	79	Rockingham
12	Burke	46	Hertford	80	Rowan
13	Cabarrus	47	Hoke	81	Rutherford
14	Caldwell	48	Hyde	82	Sampson
15	Camden	49	Iredell	83	Scotland
16	Carteret	50	Jackson	84	Stanly
17	Caswell	51	Johnston	85	Stokes
18	Catawba	52	Jones	86	Surry
19	Chatham	53	Lee	87	Swain
20	Cherokee	54	Lenoir	88	Transylvania
21	Chowan	55	Lincoln	89	Tyrrell
22	Clay	56	Macon	90	Union
23	Cleveland	57	Madison	91	Vance
24	Columbus	58	Martin	92	Wake
25	Craven	59	McDowell	93	Warren
26	Cumberland	60	Mecklenburg	94	Washington
27	Currituck	61	Mitchell	95	Watauga
28	Dare	62	Montgomery	96	Wayne
29	Davidson	63	Moore	97	Wilkes
30	Davie	64	Nash	98	Wilson
31	Duplin	65	New Hanover	99	Yadkin
32	Durham	66	Northampton	100	Yancey
33	Edgecombe	67	Onslow		
34	Forsyth	68	Orange		

B. RACE CODES

Race codes and possible combinations that could be selected for DSS-5015 fields 10 and 17 are:

- | | |
|---|---|
| 01 = White Native (Non Hispanic or Latino) | 36 = White/Black/Asian (Hispanic or Latino) |
| 02 = White (Hispanic or Latino) | 37 = White/Black/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino) |
| 03 = Black (Non Hispanic or Latino) | 38 = White/Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino) |
| 04 = Black (Hispanic or Latino) | 39 = White/American Indian or Alaskan Native/Asian (Non Hispanic or Latino) |
| 05 = American Indian or Alaskan Native (Non Hispanic or Latino) | 40 = White/American Indian or Alaskan Native/Asian (Hispanic or Latino) |
| 06 = American Indian or Alaskan Native (Hispanic or Latino) | 41 = White/American Indian or Alaska. Native/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino) |
| 07 = Asian (Non Hispanic or Latino) | 42 = White/American Indian or Alaskan. Native/Native Hawaiian or Other Pac. Islander (Hispanic or Latino) |
| 08 = Asian (Hispanic or Latino) | 43 = White/Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino) |
| 09 = Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino) | 44 = White/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino) |
| 10 = Native Hawaiian or Other Pacific Islander (Hispanic or Latino) | 45 = Black/American Ind. or Alaskan/Asian (Non Hispanic or Latino) |
| 11 = Unable to Determine (Non Hispanic or Latino) | 46 = Black/American Ind. or Alaskan/Asian (Hispanic or Latino) |
| 12 = Unable to Determine (Hispanic or Latino) | 47 = Black/American Ind. or Alaskan/Native/Hawaiian (Non Hispanic or Latino) |
| 13 = White/Black (Non Hispanic or Latino) | 48 = Black/American Ind. or Alaskan Native/Hawaiian (Hispanic or Latino) |
| 14 = White/Black (Hispanic or Latino) | 49 = Black/Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino) |
| 15 = White/American Indian or Alaskan Native (Non Hispanic or Latino) | 50 = Black/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino) |
| 16 = White/American Indian or Alaskan Native (Hispanic or Latino) | 51 = American Indian/Asian/Native Hawaiian (Non Hispanic or Latino) |
| 17 = White/Asian (Non Hispanic or Latino) | 52 = American Indian/Asian/Native Hawaiian (Hispanic or Latino) |
| 18 = White/Asian (Hispanic or Latino) | 53 = White/Black/American Indian/Asian (Non Hispanic or Latino) |
| 19 = White/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino) | 54 = White/Black/American Indian/Asian (Hispanic or Latino) |
| 20 = White/Native Hawaiian or Other Pacific Islander (Hispanic or Latino) | 55 = White/Black/American Indian/Native Hawaiian (Non Hispanic or Latino) |
| 21 = Black/American Indian or Alaskan Native (Non Hispanic or Latino) | 56 = White/Black/American Indian/Native Hawaiian (Hispanic or Latino) |
| 22 = Black/American Indian or Alaskan Native (Hispanic or Latino) | 57 = White/Black/Asian/Native Hawaiian (Non Hispanic or Latino) |
| 23 = Black/Asian (Non Hispanic or Latino) | 58 = White/Black/Asian/Native Hawaiian (Hispanic or Latino) |
| 24 = Black/Asian (Hispanic or Latino) | 59 = White/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino) |
| 25 = Black/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino) | 60 = White/American Indian/Asian/Native Hawaiian (Hispanic or Latino) |
| 26 = Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino) | 61 = Black/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino) |
| 27 = American Indian or Alaskan Native/Asian (Non Hispanic or Latino) | 62 = Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino) |
| 28 = American Indian or Alaskan Native/Asian (Hispanic or Latino) | 63 = White/Black/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino) |
| 29 = American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino) | 64 = White/Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino) |
| 30 = American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Hispanic or Latino) | |
| 31 = Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino) | |
| 32 = Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino) | |
| 33 = White/Black/American Indian or Alaskan Native (Non Hispanic or Latino) | |
| 34 = White/Black/American Indian or Alaskan Native (Hispanic or Latino) | |
| 35 = White/Black/Asian (Non Hispanic or Latino) | |

C. IMPORTANT CONTACTS FOR FOSTER CARE LICENSING

Fingerprints

Send to:

NC Division of Child Development
Criminal Records Check Unit
2201 Mail Service Center
Raleigh, NC 27699-2201

800/859-0829 (Ask to speak to someone in the Criminal Record Check Unit)

Financial, Rates, and Reimbursement Issues

Tina Bumgarner, Foster Care Financial Resource Coordinator
NC Division of Social Services
704/462-2686
Tina.Bumgarner@ncmail.net

Licensing Authority

NC Division of Social Services
Regulatory and Licensing Services Team
952 Old U. S. 70 Highway
Black Mountain, NC 28711
828/669-3388

E. INITIAL LICENSING PACKAGE CHECKLIST

Name(s) _____

- ☐ Cover letter with contact information
- ☐ Foster Care Facility License Action Request (DSS-5015)
- ☐ Foster Home License Application (DSS-5016)
- ☐ Mutual Home Assessment Narrative
 - Family history
 - 12 skills assessment
 - Assessment of willingness participate in Shared Parenting requirements
 - Assessment of Financial ability to provide foster care
 - Contact dates
- ☐ Request for Medical Information (DSS-5156)—Physicals for all household members
- ☐ Medical History Form (DSS-5017)—All household members
- ☐ T.B. Results (on ALL adult members of household)
- ☐ SBI Fingerprint Clearance Letter (all adults over 18 years of age)
- ☐ Fire Inspection (DSS-1515)
- ☐ Environmental and Health Regulations Checklist (DSS-5150)

*** Please make a copy of all forms and place in file ***

F. FOSTER PARENT AGENCY FILE CHECKLIST FOR INITIAL LICENSING

Name(s) _____

Required for all agencies:

- ☐ Foster Parent application(s)
- ☐ 3 Non-relative References (all adults)
- ☐ Signed Foster Parenting Agreement
- ☐ Signed Discipline Agreement
- ☐ Signed DHHS-001, Criminal Record Check Identifying Form for Adoptive and Foster Parents
(needed on all adults 18 years of age and older for fingerprint check)
- ☐ NC Department of Corrections Check (all adults)
- ☐ Local Criminal Record Check (all adults)
- ☐ Central Registry Check (all adults)
- ☐ NC Sex Offender & Public Protection Registry Check
- ☐ Nurse Aide I and Health Care Personnel Registry Check
- ☐ Notice of Mandatory Criminal History Check (DSS- 5280)
- ☐ A current copy of full licensing package submitted to Licensing Authority

These or other documents may be required by your agency:

- ☐ Personal profile
- ☐ Car registration and current driver license
- ☐ Safety and emissions form
- ☐ Copy of marriage license/divorce decree
- ☐ Photo of foster parents

G. BELIEFS UNDERLYING THE FAMILY-CENTERED APPROACH

As it seeks to achieve safety, permanence, and well-being for children through its Multiple Response System, the NC Division of Social Services' Family Support and Child Welfare Services Section embraces and supports the family-centered approach to child welfare practice. Underlying this approach are the following beliefs.

1. Safety of the child is the first concern.
2. Children have the right to their family.
3. The family is the fundamental resource for the nurturing of children.
4. Parents should be supported in their efforts to care for their children.
5. Families are diverse and have the right to be respected for their special cultural, racial, ethnic, and religious traditions; children can flourish in different types of families.
6. A crisis is an opportunity for change.
7. Inappropriate intervention can do harm.
8. Families who seem hopeless can grow and change.
9. Family members are our colleagues.
10. It is our job to instill hope.

H. THE TWELVE SKILLS FOR SUCCESSFUL FOSTER AND ADOPTIVE PARENTING

A licensed foster parent should have the capacity to exercise each of the following skills with the children in their care:

1. Assess individual and family strengths and needs and building on strengths and meeting needs
2. Use and develop effective communication
3. Identify the strengths and needs of children placed in the home
4. Build on children's strengths and meeting the needs of children placed in the home
5. Develop partnerships with children placed in the home, birth families, the agency and the community to develop and carry out plans for permanency
6. Help children placed in the home develop skills to manage loss and skills to form attachments
7. Help children placed in the home manage their behaviors
8. Help children placed in the home maintain and develop relationships that will keep them connected to their pasts
9. Help children placed in the home build on positive self-concept and positive family, cultural and racial identity
10. Provide a safe and healthy environment for children placed in the home which keeps them free from harm
11. Assess the ways in which providing foster or therapeutic foster care affects the family
12. Make an informed decision regarding providing foster or therapeutic foster care

I. SIX PRINCIPLES OF PARTNERSHIP

The NC Division of Social Services' Family Support and Child Welfare Services Section embraces the following six family-centered principles, which represent the philosophical foundation of the Multiple Response System (MRS).

1. **Everyone desires respect.** This principle is based on the idea that all people have worth and recognizes everyone's right to self-determination, to make their own decisions about their lives. Acceptance of this principle leads one to treat families with respect and to honor their opinions and world view. True partnership is impossible without mutual respect.
2. **Everyone needs to be heard.** This principle is based on Stephen R. Covey's "seek first to understand" and is accomplished primarily through empathic listening. While empathic listening looks very much like active or reflective listening, what differentiates it is the listener's motivation. Active and reflective listening are techniques that are often used to manage or manipulate someone's behavior so that the listener can advance his own agenda. Empathic listening is motivated by the listener's desire to truly understand someone's point of view—to enter someone's frame of reference—without a personal agenda. When one feels heard and understood, defensiveness and resistance are unnecessary, and solutions can be sought.
3. **Everyone has strengths.** This principle recognizes that all people have many resources, past successes, abilities, talents, dreams, etc. that provide the raw material for solutions and future success. As "helpers" we become involved with people because of their problems; these problems then become a filter that obscures our ability to see strengths. Acceptance of this principle doesn't mean that one ignores or minimizes problems; it means that one works hard to identify strengths as well as problems so that the helper and the client have a more balanced, accurate, and hopeful picture.
4. **Judgments can wait.** This principle recognizes that once a judgment is made, one's tendency is to stop gathering new information or to interpret in light of the prior judgment. Therefore, since a helper's judgments can have an immense impact on a family's life, it is only fair to delay judgment as long as possible, then to hold it lightly, while remaining open to new information and willing to change one's mind. Acceptance of this principle does not mean that decisions regarding safety cannot be made quickly; it simply requires that ultimate judgments be very well considered.
5. **Partners share power.** This principle is based on the premise that power differentials create obstacles to partnership. Since society confers power upon the helper, it is the helper's responsibility to create a partnership with a family, especially those who appear hostile, resistant, etc. Clients do not owe us their cooperation: we must earn it.
6. **Partnership is a process.** This principle recognizes that each of the six principles is part of a greater whole. While each has merit on its own, all are necessary for partnership. Each principle supports and strengthens the others. In addition, this principle acknowledges that putting the principles into practice consistently is hard. Acceptance of the principles is not enough; it requires intention and attention to practice the principles.

Source: Bringing It All Back Home Study Center. (2002). *Partners in change: A new perspective on child protective services (curriculum)*. Morganton, NC: Author.

J. RIGHTS AND RESPONSIBILITIES

A. Foster Parents

1. Foster Parent Responsibilities

- a. Regarding Children in Foster Care:
 - Foster parents must ensure that each foster child's rights (as articulated below) are respected and their needs met
- b. Regarding the Child's Parents or Guardians:
 - When so advised by the agency, foster parents shall make every effort to support, encourage, and enhance the child's relationship with the child's parents or guardians
 - Foster parents should make no independent plans for a child to visit the home of the child's parents, guardians, or relatives without prior consent from the Supervising Agency
- c. Regarding the Supervising Agency, foster parents agree to:
 - Allow the representative of the agency to visit the home in conjunction with licensing procedures, foster care planning, and placement
 - Accept children into the home only through the agency and not through other individuals, agencies, or institutions
 - Promote continuous contact and exchange of information between the agency and the foster parents about matters affecting the adjustment of any child placed in the home. The foster parents shall agree to keep these matters confidential and to discuss them only with the agency staff members, or with other professional people designated by the agency
 - Obtain the permission of the agency if the child is to be out of the home for a period exceeding two nights
 - Report to the agency any changes in the composition of the household, change of address, or change in the employment status of any adult member of the household
 - Adhere to the agency's plan of medical care, both for routine care and treatment and for emergency care and hospitalization
 - Provide any child placed in the home with supervision at all times while the child is in the home, and not leave the child unsupervised and to adhere to supervision requirements specified in the out of home family services agreement or person-centered plan/child and family plan

2. Foster Parent Rights

- a. To receive information and support from the Supervising Agency, including the items described under "Supervising Agency Responsibilities" below, such as monthly board payments and including foster parents as part of the decision-making team for a child

- b. To ask the Supervising Agency for support, information, and involvement whenever it is needed
- c. To be informed about court dates, meetings with the GAL, and IEP meetings when appropriate
- d. To obtain other sources of support, including through foster parent associations and their own informal support networks
- e. To understand their liability issues and be informed about insurance and other resources to assist with this issue
- f. To file for grievances
- g. To end the licensing relationship (i.e., to stop fostering)
- h. To seek to continue fostering through another public or private Supervising Agency

B. Supervising Agencies

1. Agency Responsibilities

- a. To recruit, train, support, and assess foster parents in an ongoing way
- b. In addition, the agency shall:
 - Assume responsibility for the overall planning for the child, and to assist the foster parents in meeting their day-to-day responsibility toward the child
 - Inform the foster parents concerning the agency's procedures and financial responsibility for obtaining medical care and hospitalization
 - Pay the foster parents a monthly room and board payment, and if applicable, a difficulty of care payment or respite care payment for children placed in the home; to discuss with the parents any plans to remove a child from the foster home; and to give the foster parents notice before removing a child
 - Visit the foster home and child according to the out of home family services agreement or person centered plan/child and family plan and to be available to give needed services and consultation concerning the child's welfare
 - Respect the foster parents' preferences in terms of sex, age range, and number of children placed in the home
 - Provide or arrange for training for the foster parents
 - Include foster parents as part of the decision-making team for a child
 - Allow foster parents to review and receive copies of their licensing record

2. Agency Rights

- a. To take whatever actions it determines are necessary to ensure the safety, permanence, and well-being of the children in foster care
- b. To work in partnership to continue to mutually assess the family's decision about providing foster care

C. Rights of Children in Foster Care. Children in foster care have a right to:

- a. Be treated as a member of the family

- b. Have clothing to wear that is appropriate to the weather
- c. Have personal property
- d. Be encouraged to express opinions on issues concerning care
- e. Be provided care in a manner that recognizes variations in cultural values and traditions
- f. Be provided the opportunity for spiritual development and is not denied the right to practice religious beliefs
- g. Not be identified in connection with the agency in any way that would bring the child or the child's family embarrassment
- h. Never be forced to acknowledge dependency on or gratitude to the foster parents
- i. Be encouraged to contact and have telephone conversations with family members, when not contraindicated in the child's visitation plan
- j. Be provided training and discipline that is appropriate for the child's age, intelligence, emotional makeup, and past experience
- k. Never be subjected to cruel, severe, or unusual punishment
- l. Never be subjected to corporal punishment
- m. Never be deprived of a meal or contacts with family for punishment or placed in isolation time-out except when isolation time-out means the removal of a child to a separate unlocked room or area from which the child is not physically prevented from leaving. The foster parent may use isolation time-out as a behavioral control measure when the foster parent provides it within hearing distance and sight of another foster parent. The length of time alone shall be appropriate to the child's age and development
- n. Never be subjected to verbal abuse, threats, or humiliating remarks about themselves or their families
- o. Be provided a daily routine in the home that promotes good mental health and provides an opportunity for normal activities with time for rest and play
- p. Be provided training in good health habits, including proper eating, frequent bathing, and good grooming. Each child shall be provided food with appropriate nutritional content for normal growth and health. Any diets recommended by a licensed medical provider shall be provided
- q. Be provided medical care in accordance with the treatment prescribed for the child
- r. Regular school attendance unless the child has been officially excused by the proper authorities (if the child is of school age)
- s. Be encouraged to participate in neighborhood and group activities, to have friends visit the home, and to visit in the homes of friends
- t. Assume some responsibility for himself and household duties in accordance with his age, health, and ability. Household tasks shall not interfere with school, sleep, play, or study periods
- u. Never do any task which is in violation of child labor laws or not appropriate for a child of that age

- v. Be provided supervision in accordance with the child's age, intelligence, emotional makeup, and past experience
- w. Be properly secured in a child passenger restraint system which is of a type and which is installed in a manner approved by the Commissioner of Motor Vehicles (if child is less than eight years of age or less than 80 pounds in weight)
- x. Be provided with information about resources available to them as a child in care (i.e., LINKS, membership in SAYSO)
- y. To be allowed appropriate contact with birth family, siblings, and extended family

K. INFORMATION TO SHARE WITH PROSPECTIVE FOSTER PARENTS

At a minimum, provide applicants with the following information:

1. The kinds of parental problems and situations that lead to placement.
2. Characteristics of children served by the agency, including positive traits and range of problems to be expected. In particular, applicants need information about the effects of separation and loss on children, such as low self-esteem, feeling isolated in their school and community, difficulty attaching to new people, and acting-out behaviorally.
3. The importance of continuity of care for children—the need to prevent changes in care whenever possible, and to avoid abrupt changes when replacement is necessary.
4. The varying lengths of time that children need placement.
5. Differences between family foster care and adoption.
6. Special characteristics of being a foster parent and the differences from natural parenthood in terms of both problems and rewards.
7. Agency responsibility for children in custody, agency goals and objectives, and the function and tasks performed by foster care workers in meeting that responsibility.
8. Agency policies and procedures regarding payments for
 - a. foster care maintenance
 - b. difficulty of care
 - c. respite
 - d. providing clothing, medical care, education, religious training

This should include specific, detailed information about financial payments between the agency and the foster parents.

9. Licensing standards that the foster family must meet.
10. Agency responsibility for preparing a mutual home assessment, and making a recommendation on licensure to the state Licensing Authority. Workers should explain all the steps in the mutual home assessment and application process to applicants. Applicants also need to know that some information submitted for a license is public record and can be accessed by others according to state law (G.S. 131D 10.6c).
11. In particular, applicants need to know of the agency's responsibility for conducting checks for criminal records and for substantiated abuse or neglect.

L. FINGERPRINTING FORMS AND INSTRUCTIONS

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME	
RESIDENCE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		OR		DATE OF BIRTH <u>DOB</u>	
DATE		CITIZENSHIP <u>CTZ</u>		SEX <u>MALE</u>		PLACE OF BIRTH <u>POB</u>	
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. <u>OCA</u>		FBI NO. <u>FBI</u>		CLASS	
EMPLOYER AND ADDRESS DHR/DSS CHILDREN'S SERVICES 325 N. SALISBURY STREET RALEIGH, NC 27603		ARMED FORCES NO. <u>MNU</u>		SOCIAL SECURITY NO. <u>SOC</u>		MISCELLANEOUS NO. <u>MNU</u>	
FOSTER PARENT N.C.G.S. 131D-10.3A		MISCELLANEOUS NO. <u>MNU</u>		MISCELLANEOUS NO. <u>MNU</u>		MISCELLANEOUS NO. <u>MNU</u>	
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING	
5. R. LITTLE		6. L. THUMB		7. L. INDEX		8. L. MIDDLE	
9. L. RING		10. L. LITTLE		11. L. THUMB		12. L. INDEX	
13. L. MIDDLE		14. L. RING		15. L. LITTLE		16. L. THUMB	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY		LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

Sample

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON, D.C. 20537 APPLICANT	
<p>1. LOOP</p> <p>THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW</p>	<p>TO OBTAIN CLASSIFIABLE FINGERPRINTS:</p> <ol style="list-style-type: none"> 1. USE BLACK PRINTER'S INK. 2. DISTRIBUTE INK EVENLY ON INKING SLAB. 3. WASH AND DRY FINGERS THOROUGHLY. 4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP. 5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER. 6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK. 7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES. 8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FAIL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).
<p>2. WHORL</p> <p>THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR</p>	<p>THIS CARD FOR USE BY:</p> <ol style="list-style-type: none"> 1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT PURPOSES. 2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES, LOCAL AND COUNTY OFFICIALS, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTE DO NOT SATISFY THIS REQUIREMENT. 3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW. 4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKS, INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.
<p>3. ARCH</p> <p>ARCHES HAVE NO DELTAS</p>	<p>LEAVE THIS SPACE BLANK</p>
<p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> 1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH. 2. PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT. 3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI. 4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE. <p>MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO., PASSPORT NO. (PR), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS' ADMINISTRATION CLAIM NO. (VA).</p>	
<p>FD-258 (REV. 12-28-82)</p> <p>U.S. GPO: 1998 450-177/80109</p>	

Instructions for Completing Fingerprint Card

1. The complete name of the subject is to be listed as indicated: last name, first name, and middle name. Please make certain that the name is spelled correctly because many times the signature is illegible.
2. List any and all alias names or nicknames, maiden name or any other married names.
3. List the date of birth numerically – month, day, and year. If the subject's date of birth is not available, please list approximate age. Example: May 11, 1948 = 051148
4. Indicate American citizenship by US. If the subject is not a citizen, indicate nationality.
5. Sex is to be listed as M for male, F for female
6. Race is to be listed by placing an individual in one (1) of the following categories by writing the appropriate letter in the space provided.
 - W – White
 - B – Black
 - I – American Indian or Alaskan Native
 - A – Asian or Pacific Islander
 - U – Unknown or if unsure or unable to determine
7. Indicate the subject's height in feet and inches using all numbers
Example: 6'01" = 601; 6'11" = 611; 6' = 600
8. Indicate the subject's weight in pounds using all numbers
Example: 186 or 098, etc.
9. List the subject's eye color by placing one (1) of the following eye color codes in the space provided:

BLK - Black	GRY - Gray	MAR - Maroon
BLU - Blue	GRN - Green	PNK - Pink
BRO - Brown	HAZ - Hazel	XXX - unknown
10. Color of hair should be indicated by writing one (1) of the following color codes in the space provided:
BAL – Bald, BLK – Black, BLN – Blonde or Strawberry, BRO – Brown, GRY – Gray or partially gray, RED – Red or Auburn, SDY - Sandy
11. Indicate, if possible, the city and state where the subject was born. The state should be indicated by a two digit abbreviation. Example: South Carolina – SC, California - CA
12. If the social security number is known, write the number in this space. The social security number is a very important identifier.
13. The signature of the person being fingerprinted should appear in this space. If the subject is not able to sign, indicate this by noting "Not Able to Sign"
14. Complete current residence of subject fingerprinted is written here.
15. The date the fingerprints were taken.
16. The individual who actually took the fingerprints should sign his/her name in this space.
17. The prospective employer's (hiring agency) name and address MUST BE indicated here. DO NOT indicate where the applicant is currently employed, unless it is the same agency he is applying with.
18. Indicate the reason the subject was fingerprinted: (Foster Parent N.C.G.S. 131D-10.3A, School Applicant, Nursing Home, Mental Health Agency Applicant, Nursing Home Applicant, etc.)
19. Rolled fingerprint impressions are taken in these (10) blocks. Fingerprint impressions should always include the complete first joint to be rolled nail to nail. Indicate amputations, mutilations, or missing at birth fingers in the correct fingerprint block.
20. The two (2) thumb prints and eight (8) fingerprint impressions are taken at the bottom of the card in this area. These should be "plain impressions"

Note: Applicant fingerprint cards are provided by: NC DHHS Criminal Record Check Unit/DSS, 2201 Mail Service Center, Raleigh, NC 27699-2201 phone number: 800-859-0829 or 919-773-2856

HR06 Printed in U.S.A.



North Carolina Department of Health and Human Services

CRIMINAL RECORD CHECK UNIT

319 Chapanoke Road • 2201 Mail Service Center • Raleigh, NC 27699-2201

Tel: (919)773-2856 • Fax: (919)661-6167 • Email: DHHS.CRC.UNIT@ncmail.net

Michael F. Easley, Governor • Carmen Hooker Odom, Secretary

February 6, 2006

To: County Directors of Social Services
Private Child Placing Agencies

Attn: Foster Care and Adoption Program Managers and Supervisors

From: Melynda Swindells, Manager
Department of Health and Human Services Criminal Record Check Unit (DHHS CRC)

Subject: New Release Forms for Adoptive and Foster Parents

Effective: **Upon Receipt of Bubble Sheets**

Since House Bill 1414 in the 2004 Session of the North Carolina General Assembly directed DHHS to "*centralize all activities throughout the Department relating to the coordination and processing of criminal record checks required by law*", the DHHS CRC Unit has been working on centralizing the processing of all records checks for the Division of Social Services, Division of Child Development, Division of Facility Services, and the Division of Medical Assistance.

Our first project was to streamline and assimilate the different release forms and data entry processes for each of the programs supported by the DHHS CRC Unit. Upon receipt of the new forms, please have all prospective foster and adoptive parents complete the entire bubble sheet, including signing the SBI/FBI release located on the back of the form. A completed fingerprint card and the new bubble sheet are the two required pieces of paperwork to be submitted to the DHHS CRC Unit for processing. Please discontinue using the SBI/FBI release form that was previously required to be submitted. **The new bubble sheet will be replacing the old release form.**

The bubble sheet will be scanned into the database and will be kept on file at the DHHS CRC Unit for one year after receipt. Please inform prospective foster and adoptive parents that the bubble form must be filled out completely and accurately with a #2 pencil and the release form must be signed in ink or it will be returned unprocessed. We expect this will expedite the processing time and because the form is scanned into the database, it also will provide for real-time data that can be made available to your agency upon request.

You will be receiving packets of the new bubble sheets for use by your agency. Please begin using them immediately upon receipt. We will be sending each agency a few months supply of forms at first and additional forms will be mailed to agencies upon request.

We currently have a turnaround time of approximately two weeks, which includes the SBI/FBI processing time. Should you be waiting on fingerprint results for more than 3 weeks or have any questions, please contact the unit at (919)773-2856 or (800)859-0829 or email us at DHHS.CRC.UNIT@ncmail.net to inquire about the status of fingerprints or to request additional bubble sheet forms.

DSS/Adoptive and Foster Parents

2/06

Department of Health and Human Services
Criminal Record Check Unit
 (DHHS CRC Unit)
Bubble Sheet w/ SBI Release Instruction Sheet

The instruction sheet outlines the proper procedures for completing the new bubble sheet with SBI release form (DHHS-001) that is now required to be completed by all potential adoptive and foster parent applicants requesting to have a criminal record check completed. The bubble sheet with release is required for all applicants, including those applicants from local DSS agencies, private placing agencies, household members as well as applicants submitting fingerprints electronically. The bubble sheet will replace the old SBI release form previously used and it will be kept on file at the DHHS CRC Unit for one year from date of receipt.

The bubble form should be filled out correctly and completely with a **#2 pencil**. Ovals should be completely shaded in, NOT checked, "x" through, dotted or partially shaded.

- Box 1:** Last and first legal names of the applicant
- No nicknames or middle names used as first names
- Box 2:** Social security number of the applicant
- *SBI regulations mandate that the word 'optional' be added to any form requesting a social security number; however, it is not optional for the purpose of completing checks through the DHHS CRC Unit. If the SSN is left off, it will be pulled from the card and added by Unit staff.
- Box 3:** Date of birth of the applicant
- Box 4:** Gender of the applicant (statistical purposes only)
- Box 5:** Race of the applicant (statistical purposes only)
- Box 6:** **FOR DHHS USE ONLY - - DO NOT COMPLETE**
- Box 7:** Mailing address of the applicant
- Space is provided for applicants to list all previously used names, including maiden names.
 - Additional space is also provided for mailing addresses that require more space than allotted or the physical address if different than the mailing address.
- Box 8:** County of residence of the applicant
- i.e. Wake County would be shown as 092
- Box 9:** Type of parent the applicant is applying for
- Box 10:** Classification of applicant
- Box 11:** Indicate whether or not applicant has lived in NC for the past 5 years in a row.
- Box 12:** Name, mailing address and telephone number of supervisory agency

The SBI release should be signed by the applicant in ink. This form should not be folded, torn or mutilated in any way or it will be returned unprocessed. The completed bubble sheet form and fingerprint card should be submitted for processing to the following address:

DHHS Criminal Record Check Unit/DSS
 2201 Mail Service Center
 Raleigh, NC 27699-2201

Questions?? Contact the unit at (800)859-0829 or (919)773-2856 or
 DHHS.CRC.UNIT@ncmail.net

H:/DSS Bubble Sheet Instructions.doc

N. GUIDELINES FOR SEXUAL SAFETY PLANS FOR FOSTER FAMILIES

For any foster family, developing a safety plan together can enhance communication and the sense of security for every member of the family. In families where a child has been sexually abused, or in particular where a child is acting out sexually, a safety plan is vital. And since we are not always aware of a child's full history at placement, the best practice is to proactively address boundary and safety issues. As a licensing professional, you can educate families and colleagues about this critical piece of maintaining safe placements.



As a licensing professional, you can educate families and colleagues about this critical piece of ensuring foster care placements are safe.

To begin, it's important to keep in mind a few notes of caution. Of course, no agreement can guarantee safety, or replace vigilant supervision and communication. In addition, families should develop their plans in partnership with their licensing and foster care workers, as well as any therapists or other significant professionals in the children's lives.

Rather than using a cookie-cutter approach, each plan should be individualized and tailored to the specific strengths and needs of the family. Most importantly, the plan should never be completed and presented by professionals as a "done deal." Instead, children and foster parents need to actively participate in suggesting, developing, and agreeing to the rules for their family. Parents, children, and workers should all sign and date the plan, and it should periodically be reviewed and updated as needed.

General Safety Plans for Families

Here are some categories families and workers should consider when devising a general safety plan, along with examples of rules for each category. This is not a complete list and offers only some of the areas to cover in a safety plan.

Touching Rules:

- There is to be no sexual contact or sexual touching between children in this family or between parents and children in this family.
- I understand there will be no sexual play or sexual touching, including playing doctor, house, or things like that.
- I understand that my body belongs to me and if anyone touches me in a sexual way or in a way that makes me feel uncomfortable or scared I will say "no," and I will tell someone. Here are the people I can tell:

- I understand that all physical touching between family members will be safe. Touching that feels okay to me is:

(Beware of tickling, wrestling, back rubs, foot rubs, horseplay. None of these behaviors should be behind closed doors.)

- If I want to touch my privates I must be in the bedroom or bathroom with the door closed. I won't hurt myself and no one else should know about it at the time.

Clothes and Privacy Rules:

- Undressing is allowed only in bedrooms or bathrooms with doors closed.
- Everyone will dress appropriately around the house. This includes a robe or clothes or pajamas over underwear.
- Only one person can be in the bathroom at a time and the door will be closed.

Bedroom Rules:

- No kids can go into any bedrooms without permission from the adults.
- Anytime anyone is in someone else's bedroom with permission from the adults the door must be open.
- Everyone will sleep in his or her own bed. No one except me will sleep in my bedroom.

Safety Plans for Children Who Have Acted Out or Offended

For children or youth who have acted out sexually or abused others, a social worker or therapist trained to work with this population should always be involved in developing the safety plan. In these cases, the rules need to be even more specific, and of course include much higher levels of supervision. Here are a few examples of specific rules that might be included:



If children have sexually acted out, a social worker or therapist trained to work with this population should always help develop the safety plan.

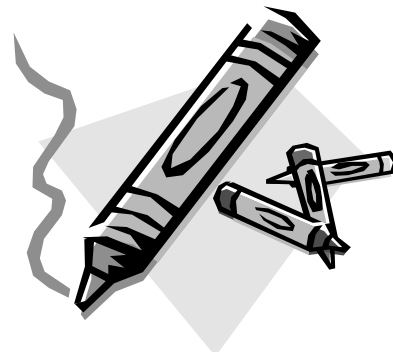
- Hugs will be asked for and an opportunity to accept or reject hugs will be given.
- No picking up, sitting on laps, wrestling, or tickling of other children will be allowed.
- I will have my own separate bedroom in the home, and will sleep alone in my bed.
- I will remain in designated areas within eye sight of my parents at all times when around other children.
- TV, movies, music, and video games will be monitored for violent or sexual content.
- I will be alone in the bathroom at school or have a teacher present if other children are in bathroom.

Source: adapted with permission from Professional Parenting, a program of Appalachian Family Innovations

O. FAMILY-FRIENDLY CHECKLIST FOR RELICENSING

Special thanks to Buncombe County DSS's Heather Hill-Pavone for developing the prototype of this form. Agencies should feel free to customize/adapt this form as they see fit for use with their families.

Renewing Your License.....



- ☐ **Physical Form completed for everyone**
(Not needed for foster children)
(TB test only needed on children turning 18 yo who have not had a TB test and for any new adult household members)
- ☐ **Fire Safety Inspection completed**
- ☐ Agency Agreement reviewed, signed, a copy retained
- ☐ Discipline Policy reviewed, signed, and a copy retained
- ☐ Training log completed for each foster parent
remember 20 hours are required over the span of the two year licensure period!
- ☐ Home visit scheduled to collect and complete remaining paperwork!

Please make sure to have all of your paperwork completed by the dates on your renewal reminder cover letter! If you have any questions about any of the documents above please don't hesitate to contact me!

Licensing Social Worker: _____
Phone Number: _____
Email: _____

P. THANK YOU TO FOSTER PARENTS

by Lynn Davis

Thank you for all the times you've said "yes" during the day and in the middle of the night.

Thank you for taking children who come with nothing but their teary faces and outstretched hands.

Thank you for saying "yes" when you've told us you need a break and we call you two days later.

Thank you for being patient when we've forgotten to call you about court dates and rescheduled visits.

Thank you for holding and comforting children who are upset because their parents miss a visit or court gets continued one more time.

Thank you for meeting birth and adoptive families, sharing your insights, and agreeing to have them visit in your home.

Thank you for advocating for your children and helping us to advocate for them in our community.

Thank you for your participation in training and becoming stronger, more effective foster parents.

Thank you for "hanging in there" with children when the urge to call us to remove them is so strong.

Thank you for remaining a foster parent when your heart is saddened from saying good-bye to a child.

Thank you for all the little things you do that make a placement in your home so special.

Thank you for all the good you do--it will last a lifetime.

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